

## UCC FINANCING STATEMENT

### FOLLOW INSTRUCTIONS

**A. NAME & PHONE OF CONTACT AT FILER (optional)**

Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

**B. E-MAIL CONTACT AT FILER (optional)**

uccfilingreturn@wolterskluwer.com

**C. SEND ACKNOWLEDGMENT TO: (Name and Address)**

46322 - SunTrust Bank

Lien Solutions  
P.O. Box 29071  
Glendale, CA 91209-9071

89367691

UTUT  
FIXTURE

File with: Salt Lake, UT

**14030262 B: 11379 P: 6760 Total Pages: 3****10/17/2022 11:34 AM By: cchidester Fees: \$40.00****Rashelle Hobbs, Recorder, Salt Lake County, Utah****Return To: LIEN SOLUTIONS****330 N. BRAND BLVD, SUITE 700 GLENDALE, CA 91203****THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR 1a. ORGANIZATION'S NAME

OR 1b. INDIVIDUAL'S SURNAME  
KEENEYFIRST PERSONAL NAME  
RONALD

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

14138 S CROWN ROSE DR

CITY

HERRIMAN

STATE

POSTAL CODE

COUNTRY

UT 84096-6497

USA

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR 2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S SURNAME  
KEENEYFIRST PERSONAL NAME  
JENNIFER

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

14138 S CROWN ROSE DR

CITY

HERRIMAN

STATE

POSTAL CODE

COUNTRY

UT 84096-6497

USA

3. **SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY):** Provide only one Secured Party name (3a or 3b)

OR 3a. ORGANIZATION'S NAME

SERVICE FINANCE COMPANY, LLC

OR 3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

555 SOUTH FEDERAL HWY SUITE 200

CITY

BOCA RATON

STATE

POSTAL CODE

COUNTRY

FL 33432

USA

4. **COLLATERAL:** This financing statement covers the following collateral:

BATH TUB AND SHOWER SYSTEMS

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility6b. Check only if applicable and check only one box: Agricultural Lien  Non-UCC Filing7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor Seller/Buyer  Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

89367691

3408441

## UCC FINANCING STATEMENT ADDENDUM

### FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

OR  
9b. INDIVIDUAL'S SURNAME  
KEENEY

FIRST PERSONAL NAME

RONALD

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR  
10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR  
11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

Parcel ID:

32013530170000

PARCEL# 32013530170000

KEENEY

14138 S CROWN ROSE DR

HERRIMAN UT 84096

[See Exhibit for Real Estate ]

17. MISCELLANEOUS: 89367691-UT-35 46322 - SunTrust Bank

SERVICE FINANCE COMPANY, LLC File with: Salt Lake, UT 3408441

**Debtor:** KEENEY, RONALD

Exhibit for Real Estate

**16. Description of real estate:** Continued

LEGAL DESCRIPTION:LOT 741, ROSECREST PLAT  
1-E. 8517-1230 8517-6318

